



ANNUAL STATEMENT  
FOR THE YEAR ENDING DECEMBER 31, 2010  
OF THE CONDITION AND AFFAIRS OF THE

American Dental Providers of Arkansas, Inc.

NAIC Group Code 0119 , 0119 NAIC Company Code 11559 Employer's ID Number 58-2302163  
(Current Period) (Prior Period)

Organized under the Laws of Arkansas , State of Domicile or Port of Entry Arkansas

Country of Domicile United States

Licensed as business type: Life, Accident & Health [ ] Property/Casualty [ ] Hospital, Medical & Dental Service or Indemnity [ ]  
Dental Service Corporation [ ] Vision Service Corporation [ ] Health Maintenance Organization [ X ]  
Other [ ] Is HMO, Federally Qualified? Yes [ X ] No [ ]

Incorporated/Organized 01/29/1997 Commenced Business 03/20/1997

Statutory Home Office c/oCSC300SpringBldg,Ste900,300S.SpringSt , Little Rock, AR 72201  
(Street and Number) (City, State and Zip Code)

Main Administrative Office 100 Mansell Court East, Suite 400  
Roswell, GA 30076 770-998-8936  
(City, State and Zip Code) (Area Code) (Telephone Number)

Mail Address 100 Mansell Court East, Suite 400 , Rosell, GA 30076  
(Street and Number or P.O. Box) (City, State and Zip Code)

Primary Location of Books and Records 100 Mansell Court East, Suite 400  
Roswell, GA 30076 770-998-8936  
(City, State and Zip Code) (Area Code) (Telephone Number) (Extension)

Internet Web Site Address www.compbenefits.com

Statutory Statement Contact Lesley Brown , 502-580-4294  
(Name) (Area Code) (Telephone Number) (Extension)  
DOIINQUIRIES@humana.com 502-580-2099  
(E-Mail Address) (Fax Number)

OFFICERS

Name	Title	Name	Title
Gerald Lawrence Ganoni	President	Joan Olliges Lenahan	VP & Corporate Secretary
James Harry Bloem	Sr. VP, CFO & Treasurer	Frank Murray Amrine	Appointed Actuary

OTHER OFFICERS

George Grant Bauernfeind	Vice President	Elizabeth Diane Bierbower	COO-Specialty Benefits
John Gregory Catron	Vice President	Roy Goldman Ph.D #	VP & Chief Actuary
Charles Frederic Lambert, III #	Vice President	John Edward Lumpkins	Vice President
Heidi Suzanne Margulis	Sr. Vice President	Mark Matthew Matzke	VP-Small Bus. Risk Mgmt.
Gilbert Alan Stewart	Vice President	William Joseph Tait	Vice President
Joseph Christopher Ventura #	Assistant Secretary	Melissa Louise Weaver M.D.	Vice President
Tod James Zacharias	Vice President		

DIRECTORS OR TRUSTEES

Michael Benedict McCallister	James Elmer Murray	Melissa Louise Weaver M.D.	
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State of Kentucky  
County of Jefferson

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The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC *Annual Statement Instructions* and *Accounting Practices and Procedures* manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Gerald Lawrence Ganoni President	Joan Olliges Lenahan VP & Corporate Secretary	James Harry Bloem Sr. VP, CFO & Treasurer
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Subscribed and sworn to before me this 23rd day of February, 2011

Julia Basham Notary Public  
January 10, 2013

a. Is this an original filing? Yes [ X ] No [ ]  
b. If no:  
1. State the amendment number  
2. Date filed  
3. Number of pages attached

## EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

18

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
NONE						
0799999 Gross health care receivables	0	0	0	0	0	0

**EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)**

20

## EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

[illegible]

**ANNUAL STATEMENT FOR THE YEAR 2010 OF THE American Dental Providers of Arkansas, Inc.**

## EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
	NONE			
0199999 Individually listed payables.....		0	0	0
0299999 Payables not individually listed				
0399999 Total gross payables		0	0	0

## EXHIBIT 7 - PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

## EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

# NONE

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

Description	1	2	3	4	5	6
	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1. Administrative furniture and equipment .....	NONE					
2. Medical furniture, equipment and fixtures .....						
3. Pharmaceuticals and surgical supplies .....						
4. Durable medical equipment .....						
5. Other property and equipment .....						
6. Total	0	0	0	0	0	0





ANNUAL STATEMENT FOR THE YEAR 2010 OF THE American Dental Providers of Arkansas, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION  
American Dental Providers of Arkansas, Inc.

2. (LOCATION)

NAIC Group Code 0119 BUSINESS IN THE STATE OF Arkansas DURING THE YEAR 2010 NAIC Company Code 11559

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year .....	793					793				
2 First Quarter .....	822					822				
3 Second Quarter .....	893					893				
4. Third Quarter .....	804					804				
5. Current Year	805					805				
6 Current Year Member Months	9,738					9,738				
Total Member Ambulatory Encounters for Year:										
7. Physician .....	0									
8. Non-Physician .....	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	188,073					188,073				
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	187,867					187,867				
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services .....	60,273					60,273				
18. Amount Incurred for Provision of Health Care Services	55,034					55,034				

(a) For health business: number of persons insured under PPO managed care products \_\_\_\_\_ and number of persons insured under indemnity only products \_\_\_\_\_

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....0



ANNUAL STATEMENT FOR THE YEAR 2010 OF THE American Dental Providers of Arkansas, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION American Dental Providers of Arkansas, Inc. 2. (LOCATION)

NAIC Group Code	0119	BUSINESS IN THE STATE OF Consolidated		DURING THE YEAR 2010				NAIC Company Code		11559
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year .....	793	0	0	0	0	793	0	0	0	0
2 First Quarter .....	822	0	0	0	0	822	0	0	0	0
3 Second Quarter .....	893	0	0	0	0	893	0	0	0	0
4. Third Quarter .....	804	0	0	0	0	804	0	0	0	0
5. Current Year	805	0	0	0	0	805	0	0	0	0
6 Current Year Member Months	9,738	0	0	0	0	9,738	0	0	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician .....	0	0	0	0	0	0	0	0	0	0
8. Non-Physician .....	0	0	0	0	0	0	0	0	0	0
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0	0	0	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0
12. Health Premiums Written (b).....	188,073	0	0	0	0	188,073	0	0	0	0
13. Life Premiums Direct.....	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Premiums Written.....	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned.....	187,867	0	0	0	0	187,867	0	0	0	0
16. Property/Casualty Premiums Earned.....	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services .....	60,273	0	0	0	0	60,273	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	55,034	0	0	0	0	55,034	0	0	0	0

(a) For health business: number of persons insured under PPO managed care products \_\_\_\_\_ and number of persons insured under indemnity only products \_\_\_\_\_  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....0

Schedule S - Part 1 - Section 2

NONE

Schedule S - Part 2

NONE

Schedule S - Part 3 - Section 2

NONE

Schedule S - Part 4

NONE

Schedule S - Part 5

NONE

SCHEDULE S - PART 6

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	411,628		411,628
2. Accident and health premiums due and unpaid (Line 15)	12,922		12,922
3. Amounts recoverable from reinsurers (Line 16.1)	0		0
4. Net credit for ceded reinsurance	XXX	0	0
5. All other admitted assets (Balance)	25,701		25,701
6. Total assets (Line 28)	450,251	0	450,251
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	6,783	0	6,783
8. Accrued medical incentive pool and bonus payments (Line 2)	0		0
9. Premiums received in advance (Line 8)	1,596		1,596
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19)	0		0
11. Reinsurance in unauthorized companies (Line 20)	0		0
12. All other liabilities (Balance)	50,384		50,384
13. Total liabilities (Line 24)	58,763	0	58,763
14. Total capital and surplus (Line 33)	391,488	XXX	391,488
15. Total liabilities, capital and surplus (Line 34)	450,251	0	450,251
NET CREDIT FOR CEDED REINSURANCE			
16. Claims unpaid	0		
17. Accrued medical incentive pool	0		
18. Premiums received in advance	0		
19. Reinsurance recoverable on paid losses	0		
20. Other ceded reinsurance recoverables	0		
21. Total ceded reinsurance recoverables	0		
22. Premiums receivable	0		
23. Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
24. Unauthorized reinsurance	0		
25. Other ceded reinsurance payables/offsets	0		
26. Total ceded reinsurance payables/offsets	0		
27. Total net credit for ceded reinsurance	0		

SCHEDULE T – PART 2  
INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN

Allocated By States and Territories

		Direct Business Only					
		1	2	3	4	5	6
States, Etc.		Life (Group and individual)	Annuities (Group and individual)	Disability Income (Group and individual)	Long-Term Care (Group and individual)	Deposit-Type Contracts	Totals
1. Alabama .....	AL .....						.0
2. Alaska .....	AK .....						.0
3. Arizona .....	AZ .....						.0
4. Arkansas .....	AR .....						.0
5. California .....	CA .....						.0
6. Colorado .....	CO .....						.0
7. Connecticut .....	CT .....						.0
8. Delaware .....	DE .....						.0
9. District of Columbia .....	DC .....						.0
10. Florida .....	FL .....						.0
11. Georgia .....	GA .....						.0
12. Hawaii .....	HI .....						.0
13. Idaho .....	ID .....						.0
14. Illinois .....	IL .....						.0
15. Indiana .....	IN .....						.0
16. Iowa .....	IA .....						.0
17. Kansas .....	KS .....						.0
18. Kentucky .....	KY .....						.0
19. Louisiana .....	LA .....						.0
20. Maine .....	ME .....						.0
21. Maryland .....	MD .....						.0
22. Massachusetts .....	MA .....						.0
23. Michigan .....	MI .....						.0
24. Minnesota .....	MN .....						.0
25. Mississippi .....	MS .....						.0
26. Missouri .....	MO .....						.0
27. Montana .....	MT .....						.0
28. Nebraska .....	NE .....						.0
29. Nevada .....	NV .....						.0
30. New Hampshire .....	NH .....						.0
31. New Jersey .....	NJ .....						.0
32. New Mexico .....	NM .....						.0
33. New York .....	NY .....						.0
34. North Carolina .....	NC .....						.0
35. North Dakota .....	ND .....						.0
36. Ohio .....	OH .....						.0
37. Oklahoma .....	OK .....						.0
38. Oregon .....	OR .....						.0
39. Pennsylvania .....	PA .....						.0
40. Rhode Island .....	RI .....						.0
41. South Carolina .....	SC .....						.0
42. South Dakota .....	SD .....						.0
43. Tennessee .....	TN .....						.0
44. Texas .....	TX .....						.0
45. Utah .....	UT .....						.0
46. Vermont .....	VT .....						.0
47. Virginia .....	VA .....						.0
48. Washington .....	WA .....						.0
49. West Virginia .....	WV .....						.0
50. Wisconsin .....	WI .....						.0
51. Wyoming .....	WY .....						.0
52. American Samoa .....	AS .....						.0
53. Guam .....	GU .....						.0
54. Puerto Rico .....	PR .....						.0
55. U.S. Virgin Islands .....	VI .....						.0
56. Northern Mariana Islands .....	MP .....						.0
57. Canada .....	CN .....						.0
58. Aggregate Other Alien .....	OT .....						.0
59. Totals		0	0	0	0	0	0

NONE

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
88595.....	31-0935772.....	Emphesys Insurance Company.....					(228,051)				(228,051)	
00000.....	61-0647538.....	Humana Inc.....	(746,600,000)	230,000,000			1,080,754,571				564,154,571	
73288.....	39-1263473.....	Humana Insurance Company.....	201,000,000				(437,833,210)	690,627,172			453,793,962	
	26-3473328.....	Humana Health Plan of California.....					(585,808)				(585,808)	
65110.....	57-0380426.....	Kanawha Insurance Co.....					(6,832,910)				(6,832,910)	
60052.....	37-1326199.....	Humana Benefit Plan of Illinois.....					(11,887,588)				(11,887,588)	
10126.....	65-1137990.....	Humana AdvantageCare Plan.....		15,000,000			(6,143,228)				8,856,772	
54739.....	52-1157181.....	The Dental Concern, Inc.....	2,000,000				(2,306,031)				(306,031)	
70580.....	39-0714280.....	HumanaDental Insurance Company.....	15,000,000				(12,716,308)				2,283,692	
52028.....	39-3654697.....	The Dental Concern, Ltd.....					(157,197)				(157,197)	
95348.....	31-1154200.....	Humana Health Plan of Ohio, Inc.....		(35,000,000)			(26,298,112)	(130,108,688)			(191,406,800)	
95342.....	39-1525003.....	Humana WI Health Org. Insurance Corp.....					(12,119,503)	(53,458,326)			(65,577,829)	
95519.....	58-2209549.....	Humana Employers Health Plan of GA, Inc.....					(24,913,043)	(118,295,154)			(143,208,197)	
95270.....	61-1103898.....	Humana Medical Plan, Inc.....	290,000,000	(15,000,000)			(309,494,496)	(170,237,768)			(204,732,264)	
69671.....	61-1041514.....	Humana Health Insurance Co FL, Inc.....	12,000,000				74,803,116	170,237,768			257,040,884	
95754.....	62-1579044.....	Cariten Health Plan.....	22,000,000				(36,571,598)				(14,571,598)	
95885.....	61-1013183.....	Humana Health Plan, Inc.....					(303,672,529)	(110,426,988)			(414,099,517)	
60219.....	61-1311605.....	Humana Insurance Company of Kentucky.....					(2,620,404)				(2,620,404)	
95024.....	61-0994632.....	Humana Health Plan of Texas, Inc.....		(35,000,000)			(70,942,233)	(278,338,016)			(384,280,249)	
00000.....	66-0406896.....	Humana Health Plans of Puerto Rico, Inc.....					509,260				509,260	
00000.....	66-0291866.....	Humana Insurance of Puerto Rico, Inc.....					(1,009,594)				(1,009,594)	
00000.....	61-1232669.....	Managed Care Indemnity, Inc.....	50,000,000				31,025,943				81,025,943	
95642.....	72-1279235.....	Humana Health Benefit Plan of LA, Inc.....	49,000,000				(132,445,216)				(83,445,216)	
95092.....	59-2598550.....	CarePlus Health Plans, Inc.....	67,000,000				(164,906,032)				(97,906,032)	
00000.....	26-0010657.....	CAC-Florida Medical Centers, LLC.....					125,310,480				125,310,480	
12634.....	20-2888723.....	Humana Insurance Company of New York.....	7,500,000				(17,704,038)				(10,204,038)	
82740.....	62-0729865.....	Cariten Insurance Company.....	2,000,000				(1,560,943)				439,057	
00000.....	61-1343508.....	Humana Marketpoint, Inc.....					338,913,603				338,913,603	
00000.....	61-1316926.....	Humana Pharmacy, Inc.....					(3,562,646)				(3,562,646)	
00000.....	61-1383567.....	HUM-e-FL, Inc.....									.0	
00000.....	75-2043865.....	Corphealth, Inc.....					(2,539,725)				(2,539,725)	
95158.....	61-1279717.....	CHA HMO.....					(375,635)				(375,635)	
00000.....	33-0916248.....	DefenseWeb Technologies, Inc.....									.0	
00000.....	58-93028.....	Humana Europe, Ltd.....									.0	
12908.....	20-8411422.....	Humana Medical Plan of Utah.....					(1,381,948)				(1,381,948)	
00000.....	59-1843760.....	Humana/CompBenefits, Inc.....					37,043,034				37,043,034	
95107.....	56-1796975.....	American Dental Plan of NC.....					(172,966)				(172,966)	
11559.....	58-2302163.....	American Dental Providers of AR.....					(40,288)				(40,288)	
52015.....	59-2531815.....	CompBenefits Company.....	2,900,000				(22,323,764)				(19,423,764)	
00000.....	61-1241225.....	Humana Military Healthcare Services, Inc.....					(28,720,444)				(28,720,444)	
00000.....	20-8418853.....	Humana Veterans Healthcare Services, Inc.....					(12,128)				(12,128)	
60984.....	74-2552026.....	CompBenefits Insurance Company.....	3,200,000				(21,764,660)				(18,564,660)	

## 39.1

## 39.1

## 39.1

39.1

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

MARCH FILING		Responses
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	.....YES.....
2.	Will an actuarial opinion be filed by March 1?	.....YES.....
3.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	.....YES.....
4.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?	.....YES.....
APRIL FILING		
5.	Will Management's Discussion and Analysis be filed by April 1?	.....YES.....
6.	Will the Supplemental Investment Risks Interrogatories be filed by April 1?	.....YES.....
7.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	.....YES.....
JUNE FILING		
8.	Will an audited financial report be filed by June 1?	.....YES.....
9.	Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	.....YES.....
AUGUST FILING		
10.	Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1?	.....YES.....

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of **NO** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

MARCH FILING		
11.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	.....NO.....
12.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	.....NO.....
13.	Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?	.....NO.....
14.	Will the Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	.....NO.....
15.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	.....NO.....
16.	Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	.....NO.....
17.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	.....NO.....
APRIL FILING		
18.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	.....NO.....
19.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	.....NO.....
20.	Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC?	.....NO.....
21.	Will the Supplemental Health Care Exhibit be filed the state of domicile and the NAIC by April 1?	.....NO.....
22.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the sate of domicile and the NAIC by April 1?	.....NO.....
AUGUST FILING		
23.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	.....YES.....













Explanation:

11. This type of business is not written.
12. This type of business is not written.
13. This type of business is not written.
14. This type of business is not written.
15. This type of business is not written.
16. This type of business is not written.
17. This type of business is not written.
18. This type of business is not written.
19. This type of business is not written.
20. This type of business is not written.
21. This type of business is not written.
22. This type of business is not written.

Bar code:



SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

11.	 1 1 5 5 9 2 0 1 0 3 6 0 5 9 0 0 0
12.	 1 1 5 5 9 2 0 1 0 2 0 5 0 0 0 0 0
13.	 1 1 5 5 9 2 0 1 0 2 0 7 0 0 0 0 0
14.	 1 1 5 5 9 2 0 1 0 4 2 0 0 0 0 0 0
15.	 1 1 5 5 9 2 0 1 0 3 7 1 0 0 0 0 0
16.	 1 1 5 5 9 2 0 1 0 3 7 0 0 0 0 0 0
17.	 1 1 5 5 9 2 0 1 0 3 6 5 0 0 0 0 0
18.	 1 1 5 5 9 2 0 1 0 3 0 6 0 0 0 0 0
19.	 1 1 5 5 9 2 0 1 0 2 1 1 5 9 0 0 0
20.	 1 1 5 5 9 2 0 1 0 2 1 3 0 0 0 0 0
21.	 1 1 5 5 9 2 0 1 0 2 1 6 5 9 0 0 0
22.	 1 1 5 5 9 2 0 1 0 2 1 7 0 0 0 0 0

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